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Number of pages including cover letter: 12
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To	Company	City	Fax
ART UNIT 2642 Examiner: William J. Deane, Jr.	United States Patent Office – Facsimile Centre	Alexandria, VA	(703) 872-9306

Re: Serial No. 09/745,423
Inventor(s): Vladimir V. MIKHAILOV et al.
Title: METHOD AND APPARATUS ENABLING LOCAL NUMBER
PORTABILITY IN TELEPHONE NETWORKS

Response to Final Office Action of December 2, 2003 attached.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/745,423	
	Filing Date	December 26, 2000	
	First Named Inventor	Vladimir V. MIKHAILOV	
	Art Unit	2642	
	Examiner Name	William J. Deane Jr.	
Total Number of Pages in This Submission	11	Attorney Docket Number	9-13528-115US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Max R. Wood, Reg. No. 40,388
Signature	
Date	February 2, 2004

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Date	Feb. 2, 2004

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